

HOUSE APPROPRIATIONS AND FINANCE COMMITTEE SUBSTITUTE FOR
HOUSE BILL 642

47TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2005

AN ACT

RELATING TO HEALTH; CREATING AN INTERAGENCY NATIVE AMERICAN
HEALTH CARE DISPARITY COUNCIL; CREATING A NATIVE AMERICAN
HEALTH CARE ADVISORY COMMITTEE; PRESCRIBING MEMBERSHIP, POWERS
AND DUTIES; ENACTING THE NATIVE AMERICAN HEALTH CARE DISPARITY
ACT.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. SHORT TITLE.--This act may be cited as the
"Interagency Native American Health Care Disparity Act".

Section 2. PURPOSES.--The purposes of the Interagency
Native American Health Care Disparity Act are to:

A. assess health care disparities among the state's
Native American population, including the Indian nations,
tribes and pueblos in the state and the urban Indian population
in comparison to other populations in the state;

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1 B. seek ways to coordinate health care programs and
2 services for Native Americans that address the unique health
3 care needs of Native Americans that are funded by the state or
4 the federal government;

5 C. coordinate information available to agencies of
6 the state to examine the health care provided to Native
7 Americans in New Mexico; and

8 D. provide an annual report to the governor and the
9 legislature on Native American health care disparities.

10 Section 3. DEFINITIONS.--As used in the Interagency
11 Native American Health Care Disparity Act:

12 A. "advisory committee" means the Native American
13 health care advisory committee;

14 B. "council" means the interagency Native American
15 health care disparity council; and

16 C. "tribe" means an Indian nation, tribe or pueblo
17 located wholly or partially within New Mexico.

18 Section 4. COUNCIL--MEMBERSHIP--CO-CHAIRS.--

19 A. The "interagency Native American health care
20 disparity council" is created and is administratively attached
21 to the department of health.

22 B. The membership of the council consists of:

23 (1) the secretaries of the following agencies
24 or their designees:

25 (a) department of health;

- 1 (b) Indian affairs department;
- 2 (c) human services department;
- 3 (d) children, youth and families
- 4 department;
- 5 (e) aging and long-term services
- 6 department;
- 7 (f) corrections department; and
- 8 (g) public education department; and

9 (2) the directors or their designees from the
 10 following:

- 11 (a) New Mexico health policy commission;
- 12 and
- 13 (b) center for Native American health of
- 14 the health sciences center of the university of New Mexico.

15 C. The secretary of health and the secretary of
 16 Indian affairs shall be co-chairs of the council.

17 Section 5. COUNCIL--DUTIES.--

18 A. No later than May 1, the council shall
 19 distribute the most recent and available data regarding Native
 20 American health care disparities or delivery of services funded
 21 or administered by members of the council to the advisory
 22 committee for the period ending on the previous December 31.

23 B. No later than September 30, the council shall
 24 provide a written report to the governor, the legislature and
 25 the advisory committee:

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1 (1) outlining the status of health care
2 services provided to Native Americans in New Mexico;

3 (2) comparing health care availability,
4 accessibility and quality provided to Native Americans to the
5 availability, accessibility and quality of health care
6 generally available to the remainder of New Mexicans; and

7 (3) recommending improvements in services and
8 funding necessary to address health care needs for Native
9 Americans and ways in which federal, state and local funds can
10 be coordinated to improve the availability, accessibility and
11 quality of health care for Native Americans.

12 C. The council shall:

13 (1) inventory state funds spent on health care
14 services for Native Americans in all of the council agencies;

15 (2) provide support and technical expertise
16 needed to implement the Interagency Native American Health Care
17 Disparity Act;

18 (3) consider the recommendations of the
19 advisory committee and incorporate them into the council's
20 annual report; and

21 (4) meet at least quarterly or at the call of
22 the co-chairs to review and direct the data collection and
23 implementation of the Interagency Native American Health Care
24 Disparity Act.

25 Section 6. ADVISORY COMMITTEE CREATED--MEMBERSHIP--

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1 POWERS--DUTIES.--

2 A. There is created the "Native American health
3 care advisory committee". The advisory committee is
4 administratively attached to the department of health.

5 B. The advisory committee membership shall consist
6 of eleven members who are involved in Native American health
7 care, all of whom shall be appointed by and serve at the
8 pleasure of the governor for terms of two years, including:

9 (1) a member of the behavioral health Native
10 American subcommittee who is recommended by the chair of the
11 behavioral health Native American subcommittee;

12 (2) five tribal government representatives
13 selected in the following manner:

14 (a) one from the eight northern pueblos;

15 (b) one from the eleven southern and
16 western pueblos;

17 (c) one from the Jicarilla Apache
18 Nation;

19 (d) one from the Mescalero Apache Tribe;

20 and

21 (e) one from the Navajo Nation;

22 (3) two urban Native Americans;

23 (4) two health care providers:

24 (a) one from a federal health care
25 agency predominantly providing health care to Native Americans;

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1 and

2 (b) one from a nonprofit health care
3 agency predominantly providing health care to Native Americans;
4 and

5 (5) one tribal elder who is a provider of
6 traditional medicine.

7 C. The advisory committee shall:

8 (1) establish subcommittees as deemed
9 necessary by the advisory committee to:

10 (a) carry out its purposes and duties;
11 and

12 (b) address specific Native American
13 health disparities and service issues;

14 (2) identify ways in which the council can be
15 used to address access, availability and quality of health care
16 for Native Americans that include strategies for using federal,
17 state and local funds in a coordinated manner;

18 (3) submit recommendations no later than
19 August 30 to the council to be included in the annual report on
20 Native American health care disparities, including strategies
21 for using federal, state and local funds in a coordinated
22 manner, providing culturally appropriate services, identifying
23 barriers to accessing services, providing greater availability
24 of services, providing better quality of service and providing
25 more technical assistance to Native American entities;

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1 (4) promote recommendations for Native
2 American infants, children, adolescents, adults and seniors,
3 and the urban Native American population to begin addressing
4 Native American health care costs, the use of medicaid, the
5 delivery of health care services that include culturally
6 appropriate services and increasing the number of licensed
7 providers that provide services to Native Americans; and

8 (5) meet on a quarterly basis or at the call
9 of the chair or the vice chair, both of whom shall be selected
10 by the membership from within the advisory committee.

11 D. Subject to sufficient appropriations, members of
12 the advisory committee appointed by the governor may receive
13 per diem and mileage as provided for non-salaried public
14 officers in the Per Diem and Mileage Act and shall receive no
15 other compensation, perquisite or allowance.

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